

TNPI 00005
VMS



Tennessee Valley Authority, 1101 Market Street, MR4G, Chattanooga, Tennessee 37402-2801

February 7, 2013

Division of Water Pollution Control
Attention: Permit Section - Pesticide General Permit
6th Floor, L&C Annex
401 Church Street
Nashville, Tennessee 37243

Dear Sir or Madam:

**TENNESSEE VALLEY AUTHORITY (TVA) SYSTEM APPLIED MAINTENANCE -
ANNUAL REPORT FOR GENERAL NPDES PERMIT NUMBER TNP100005 -
DISCHARGES FROM THE APPLICATION OF PESTICIDES**

Enclosed is a completed annual report for herbicide treatments performed by TVA System Applied Maintenance and/or its contractors in calendar year (CY) 2012. This report includes:

Right of way vegetation management herbicide applications in TVA service area sectors for maintenance of transmission lines (Pest Management Areas 1-5 on the enclosed report)

TVA submitted a Notice of Intent (NOI) for right of way vegetation management which Notice of Coverage was issued on August 29, 2012. This report includes discharges which occurred in CY2012 after September 1, 2012.

If you have any questions or need additional information, please contact Cherie Minghini in Chattanooga, Tennessee by phone at (423) 751-6375 or by email at cmminghini@tva.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Wilbourne C. Markham, Jr.".

Wilbourne C. Markham, Jr.
Senior Manager
Environmental Permits & Compliance - Energy Delivery

Enclosures

RECEIVED

FEB 11 2013

TN Division Of Water
Pollution Control

**Tennessee Department of Environment and Conservation
Division of Water Pollution Control
6th Floor Annex, L&C Tower, 401 Church Street, Nashville, Tennessee 37243
1-888-891-8332 (TDEC)
Annual Reporting Form for the Pesticide General Permit (PGP)**

This form is for any Operator that is a Decision-maker required to submit an NOI. The annual report must be submitted no later than February 15 of the following year for all pesticide activities covered under the permit occurring during the previous calendar year as detailed in Part 7 of the permit.

A. General Information

1. NPDES Permit Tracking Number: TNP100005

2. Operator Name: Tennessee Valley Authority - System Applied Maintenance

3. Operator Contact Information:

a. Street: 1101 Market Street, MR 5F

b. City: Chattanooga

TN

d. ZIP: 37402

e. Telephone: 423-751-4081

4. Contact Information:

a. Contact
Name:

Jason T. Regg

b. Title: Manager, Line Applied Services

c. E-mail: JTRegg@tva.gov

B. Adverse Incidents and Corrective Actions

1. Was an adverse incident observed and/or corrective actions taken for any Pest Management Area for which you have coverage under the permit?

a. ☒ No adverse incidents were observed or corrective action was taken. (Proceed to Section C)

b. ☐ Yes, an adverse incident was observed and/or a corrective action was taken. (Complete questions 2-6 for each Pest Management Area in which adverse incidents were observed or corrective actions were taken. Copy this section for non-electronic submissions).

Pest Management Area # _____ of ## _____

2. Pest Management Area Name: _____

3. If applicable, provide the date for any adverse incidents as a result of those treatment(s), as described in Part 6.4 of the permit (use additional pages, if needed):

Date of adverse incident observation: | | | | | | | | | |

4. Date and time the Operator contacted the division to notify the Agency of the adverse incident, who the Operator spoke with at the division, and any instructions received from the division.

a. Date: | | | | | | | | | |

c. Who the Operator spoke with at the division: _____

b. Time: _____

d. Instructions received from the division:

5. Date of submission of Thirty (30)-Day Adverse Incident Written Report:

6. Describe any corrective action(s), including spill responses, resulting from pesticide application activities and the rationale for such action(s), subsequent to those steps described in the Thirty (30)-Day Adverse Incident Written Report:

RECEIVED

FEB 13 2013

THE DIVISION OF WATER
Pollution Control

C. Pest Management Area(s) (use additional pages for each Pest Management Area)

Pest Management Area# 1 of ## 5

1. Have any discharges from pest control activities occurred in this calendar year?

- a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area:

- a. ☐ Mosquito and Other Flying Insect Pest Control b. ☒ Weed and Algae Pest Control
c. ☐ Animal Pest Control d. ☐ Forest Canopy Pest Control

3. For each treatment area (use additional pages for each treatment area):

a. Provide a description of the treatment area within this Pest Management Area, including location description:

Right of Way Vegetation Management occurred in the Mayfield sector.
A total of 6 transmission lines were treated.

b. Size of treatment area (in acres or linear feet): 1992 acres or _____ linear feet.

c. Name or location of any waters of the state to which discharges occurred:

All waters of the state within the Pest Management Area except
Reelfoot Lake-TN portion of the lake at its associated wetlands.

d. Target Pest(s): Woody vegetation - trees and tall shrubs with potential to
exceed 10 foot.

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A): ☐

Company Name: Progressive Solutions

Street: 106 West College Street

City: Marshall

State: AR ZIP Code: 72650

Contact Lee Atkins

Phone 601-807-1974

E-mail: appliedsolution@aol.com

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☒ Yes ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name Accord XRT Quantity Applied (lbs or gallons of product):
EPA Reg No. 62719-556

Product Name _____ Quantity Applied (lbs or gallons of product):

Application method:

- a. ☐ Aerially by fixed-wing _____ lbs or gallons
b. ☐ Aerially by rotary aircraft _____ lbs or gallons
c. ☒ Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 610 lbs or gallons
d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
e. ☐ Direct mixture (includes metering, subsurface applications) _____ lbs or gallons
f. ☐ Chemigation _____ lbs or gallons
g. ☐ Other (specify): _____ lbs or gallons

Application method:

- a. ☐ Aerially by fixed-wing _____ lbs or gallons
b. ☐ Aerially by rotary aircraft _____ lbs or gallons
c. ☐ Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) _____ lbs or gallons
d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
e. ☐ Direct mixture (includes metering, subsurface applications) _____ lbs or gallons
f. _____ lbs or gallons
g. _____ lbs or gallons

RECEIVED

FEB 11 2013

TN Division Of Water
Pollution Control

C. Pest Management Area(s) (use additional pages for each Pest Management Area)

Pest Management Area# 2 of ## 5

1. Have any discharges from pest control activities occurred in this calendar year?

- a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area:

- a. ☐ Mosquito and Other Flying Insect Pest Control b. ☒ Weed and Algae Pest Control
- c. ☐ Animal Pest Control d. ☐ Forest Canopy Pest Control

3. For each treatment area (use additional pages for each treatment area):

a. Provide a description of the treatment area within this Pest Management Area, including location description:

Right of Way Vegetation Management occurred in the Jackson sector.

A total of five transmission lines were treated.

b. Size of treatment area (in acres or linear feet): 523 acres or _____ linear feet.

c. Name or location of any waters of the state to which discharges occurred:

All waters of the state within the Pest Management Area.

d. Target Pest(s): Woody vegetation - trees and tall shrubs with potential to exceed 10 foot.

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A): ☐

Company Name: Parkers Bushhogging

Street: 344 Mt. Zion Road

City: Decaturville

State: TN ZIP Code: 38329

Contact: Parker Maners

Owner

Phone: 731-549-9391

E-mail: plmaners@netease.net

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☒ Yes ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method.

Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name Accord XRT
EPA Reg No. 62719-556

Quantity Applied (lbs or
gallons
of product):

Application method:

- a. ☐ Aerially by fixed-wing _____ lbs or gallons
- b. ☐ Aerially by rotary aircraft _____ lbs or gallons
- c. ☒ Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 2203 lbs or ~~gallons~~
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☐ Direct mixture (includes metering, subsurface applications) _____ lbs or gallons
- f. ☐ Chemigation _____ lbs or gallons
- g. ☐ Other (specify): _____ lbs or gallons

Product Name Habitat
EPA Reg No. 241-426

Quantity Applied (lbs or
gallons
of product):

Application method:

- a. ☐ Aerially by fixed-wing _____ lbs or gallons
- b. ☐ Aerially by rotary aircraft _____ lbs or gallons
- c. ☒ Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 331 lbs or ~~gallons~~
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☐ Direct mixture (includes metering, subsurface applications) _____ lbs or gallons
- f. ☐ Chemigation _____ lbs or gallons
- g. ☐ Other (specify): _____ lbs or gallons

RECEIVED

FEB 11 2013

TN Division Of Water
Pollution Control

C. Pest Management Area(s) (use additional pages for each Pest Management Area)

Pest Management Area# 3 of ## 5

1. Have any discharges from pest control activities occurred in this calendar year?
- a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area:

- a. ☐ Mosquito and Other Flying Insect Pest Control b. ☒ Weed and Algae Pest Control
- c. ☐ Animal Pest Control d. ☐ Forest Canopy Pest Control

3. For each treatment area (use additional pages for each treatment area):

- a. Provide a description of the treatment area within this Pest Management Area, including location description:
Right of Way Vegetation Management occurred in Cleveland sector.
One transmission line was treated.

- b. Size of treatment area (in acres or linear feet): 386 acres or _____ linear feet.

- c. Name or location of any waters of the state to which discharges occurred:

All waters of the state within the Pest Management Area.

- d. Target Pest(s): Woody vegetation - trees and tall shrubs with potential to
exceed 10 foot.

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A): ☐

Company Name:

Progressive Solutions

Street:

106 West College Street

City:

Marshall

State:

AR

ZIP Code:

72650

Contact

Mark Athey

Phone

870-448-3065

E-mail:

mathey@progressivesolutions.net

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☒ Yes ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method.
Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name Accord XRT Quantity Applied (lbs or
EPA Reg No. 62719-556 gallons
of product):

Application method:

- a. ☐ Aerially by fixed-wing _____ lbs or gallons
- b. ☐ Aerially by rotary aircraft _____ lbs or gallons
- c. ☒ Land-based sprayer (includes backpack,
land vehicle mounted sprayers, high
pressure canopy sprayer) 124 lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☐ Direct mixture (includes metering,
subsurface applications) _____ lbs or gallons
- f. ☐ Chemigation _____ lbs or gallons
- g. ☐ Other (specify): _____ lbs or gallons

Product Name Lineage Clearstand Quantity Applied (lbs or
EPA Reg No. 352-766 gallons
of product):

Application method:

- a. ☐ Aerially by fixed-wing _____ lbs or gallons
- b. ☐ Aerially by rotary aircraft _____ lbs or gallons
- c. ☒ Land-based sprayer (includes backpack,
land vehicle mounted sprayers, high
pressure canopy sprayer) 63 lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☐ Direct mixture (includes metering, subsurface
applications) _____ lbs or gallons
- f. ☐ Chemigation _____ lbs or gallons
- g. ☐ Other (specify): _____ lbs or gallons

RECEIVED

FEB 11 2013

TN DIVISION OF WATER
Pollution Control

C. Pest Management Area(s) (use additional pages for each Pest Management Area)

Pest Management Area# 4 of ## 5

1. Have any discharges from pest control activities occurred in this calendar year?

- a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area:

- a. ☐ Mosquito and Other Flying Insect Pest Control b. ☒ Weed and Algae Pest Control
- c. ☐ Animal Pest Control d. ☐ Forest Canopy Pest Control

3. For each treatment area (use additional pages for each treatment area):

a. Provide a description of the treatment area within this Pest Management Area, including location description:

Right of Way Vegetation Management occurred in the Chattanooga sector
One transmission line was treated.

b. Size of treatment area (in acres or linear feet): 618 acres or _____ linear feet.

c. Name or location of any waters of the state to which discharges occurred:

All waters of the state within the Pest Management Area.

d. Target Pest(s): Woody vegetation - trees and shrubs with potential to exceed
10 foot.

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A): ☐

Company Name: Progressive Solutions

Street: 106 West College Street

City: Marshall

State: AR ZIP Code: 72650

Contact Mark Athey

Phone 870-448-3065

E-mail: mathey@progressivesolutions.net

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☒ Yes ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name Accord XRT Quantity Applied (lbs or
EPA Reg No. 62719-556 gallons
of product):

Application method:

- a. ☐ Aerially by fixed-wing _____ lbs or gallons
- b. ☐ Aerially by rotary aircraft _____ lbs or gallons
- c. ☒ Land-based sprayer (includes backpack, 204 lbs or gallons
land vehicle mounted sprayers, high
pressure canopy sprayer)
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☐ Direct mixture (includes metering, _____ lbs or gallons
subsurface applications)
- f. ☐ Chemigation _____ lbs or gallons
- g. ☐ Other (specify): _____ lbs or gallons

Product Name Lineage Clearstand Quantity Applied (lbs or
EPA Reg No. 352-766 gallons
of product):

Application method:

- a. ☐ Aerially by fixed-wing _____ lbs or gallons
- b. ☐ Aerially by rotary aircraft _____ lbs or gallons
- c. ☒ Land-based sprayer (includes backpack, 96 lbs or gallons
land vehicle mounted sprayers, high
pressure canopy sprayer)
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☐ Direct mixture (includes metering, subsurface _____ lbs or gallons
applications)

RECEIVED

FEB 11 2013

TN Division Of Water
Pollution Control

C. Pest Management Area(s) (use additional pages for each Pest Management Area)

Pest Management Area# 5 of ## 5

1. Have any discharges from pest control activities occurred in this calendar year?

a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.

b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area:

a. ☐ Mosquito and Other Flying Insect Pest Control

b. ☒ Weed and Algae Pest Control

c. ☐ Animal Pest Control

d. ☐ Forest Canopy Pest Control

3. For each treatment area (use additional pages for each treatment area):

a. Provide a description of the treatment area within this Pest Management Area, including location description:

Right of Way Vegetation Management occurred in the Bowling Green sector.
One transmission line was treated.

b. Size of treatment area (in acres or linear feet): 3 acres or _____ linear feet.

c. Name or location of any waters of the state to which discharges occurred:

All waters of the state within the Pest Management Area.

d. Target Pest(s): Woody vegetation - trees and shrubs with potential to exceed 10 foot.

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A): ☐

Company Name: Progressive Solutions

Street: 805 Decatur Street

City: Newton

State: MS

ZIP Code: 39345

Contact: Brandon Kidd

Phone: 423-300-0376

E-mail: kidd@progressivesolutions.net

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☒ Yes ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name Rodeo
EPA Reg No. 62719-324

Quantity Applied (lbs or
gallons
of product):

Application method:

a. ☐ Aerially by fixed-wing

_____ lbs or gallons

b. ☐ Aerially by rotary aircraft

_____ lbs or gallons

c. ☒ Land-based sprayer (includes backpack,
land vehicle mounted sprayers, high
pressure canopy sprayer)

4 lbs or gallons

d. ☐ Aquatic vehicle mounted sprayer

_____ lbs or gallons

e. ☐ Direct mixture (includes metering,
subsurface applications)

_____ lbs or gallons

f. ☐ Chemigation

_____ lbs or gallons

g. ☐ Other (specify):

_____ lbs or gallons

Product Name Arsenal
EPA Reg No. 241-346

Quantity Applied (lbs or
gallons
of product):

Application method:

a. ☐ Aerially by fixed-wing

_____ lbs or gallons

b. ☐ Aerially by rotary aircraft

_____ lbs or gallons

c. ☒ Land-based sprayer (includes backpack,
land vehicle mounted sprayers, high
pressure canopy sprayer)

.5 lbs or gallons

d. ☐ Aquatic vehicle mounted sprayer

_____ lbs or gallons

e. ☐ Direct mixture (includes metering, subsurface
applications)

_____ lbs or gallons

_____ lbs or gallons

_____ lbs or gallons

RECEIVED

FEB 11 2013

TN Division of Water
Pollution Control

C. Pest Management Area(s) (use additional pages for each Pest Management Area)

Pest Management Area# 5 of ## 5 CONTINUED

1. Have any discharges from pest control activities occurred in this calendar year?
- a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b. ☐ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area:

- a. ☐ Mosquito and Other Flying Insect Pest Control b. ☐ Weed and Algae Pest Control
- c. ☐ Animal Pest Control d. ☐ Forest Canopy Pest Control

3. For each treatment area (use additional pages for each treatment area):

- a. Provide a description of the treatment area within this Pest Management Area, including location description:

- b. Size of treatment area (in acres or linear feet): _____ acres or _____ linear feet.

- c. Name or location of any waters of the state to which discharges occurred:

- d. Target Pest(s): _____

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A): ☐

Company Name: _____

Street: _____

City: _____ State: ☐ ☐ ☐ ZIP Code: _____

Contact: _____

Phone: _____

E-mail: _____

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☐ Yes ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name <u>MilestoneVM</u>	Quantity Applied (lbs or gallons of product):	Product Name <u>Escort XP</u>	Quantity Applied (lbs or gallons of product):
EPA Reg No. <u>62719-537</u>		EPA Reg No. <u>352-439</u>	
Application method:		Application method:	
a. <input type="checkbox"/> Aerially by fixed-wing _____ lbs or gallons		a. <input type="checkbox"/> Aerially by fixed-wing _____ lbs or gallons	
b. <input type="checkbox"/> Aerially by rotary aircraft _____ lbs or gallons		b. <input type="checkbox"/> Aerially by rotary aircraft _____ lbs or gallons	
c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) <u>.34</u> lbs or gallons		c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) <u>.02</u> lbs or gallons	
d. <input type="checkbox"/> Aquatic vehicle mounted sprayer _____ lbs or gallons		d. <input type="checkbox"/> Aquatic vehicle mounted sprayer _____ lbs or gallons	
e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications) _____ lbs or gallons		e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications) _____ lbs or gallons	
f. <input type="checkbox"/> Chemigation _____ lbs or gallons			
g. <input type="checkbox"/> Other (specify): _____ lbs or gallons			

RECEIVED

FEB 11 2013

TN Division of Water Pollution Control

D. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. On the basis of my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. A false statement is subject to the penalties of perjury.

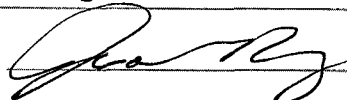
Printed Name: Jason T. Regg

Title: Manager, Line Applied Services

E-Mail: jtregg@tva.gov

Signature/Responsible

Official:



Date: 02 05 2013

Annual Report Preparer (Complete if the Annual Report was prepared by someone other than the certifier)

Preparer
Name: Cherie M. Minghini

Organization: TVA Environmental Permits and Compliance

Phone: 423 751 6375 N/A

Date: 02 05 2013

E-Mail: cmminghini@tva.gov

RECEIVED

FEB 14 2013

TN Division Of Water
Pollution Control